

[illegible]

**NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE**

STARTING FOR 9-1-03 THROUGH 9-30-03

Physician *St Phauld / Robbins*

Telephone Number	Inmate No.
Alt. Telephone	226420
Rehabilitative Potential	

Medicaid Number	Medicare Number	Complete Entries Checked
		By: <i>H. Graves, JPN</i>

Empton, Randall

PATIENT CODE 226420	ROOM NO. MTH	BED 5	FACILITY CODE KCF
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# ADMINISTRATION RECORD



21588 CARBAMAZEPINE 200 MG TAB (TEGRETOL)  
Start: 05/02/03 Stop: 10/28/03  
TAKE TWO TABLET(S) TWICE DAILY  
BY MOUTH FOR 180 DAYS

0400 [Handwritten notes]  
1700 [Handwritten notes]

225423 HALOPERIDOL 5 MG TAB  
Start: 07/08/03 Stop: 10/03/03  
TAKE ONE TABLET(S) AT BEDTIME BY  
MOUTH FOR 90 DAYS

1700 [Handwritten notes]

PB 60mg PO BID

0400 [Handwritten notes]  
1700 [Handwritten notes]

7-31-03 - 8-31-03

Motrin 200mg 300 bid x  
7 days

0400 [Handwritten notes]  
1100 [Handwritten notes]  
1700 [Handwritten notes]

3/13-8/20/03 Suddig/cg  
Keflex 500mg po bid  
x 10 days

0400 [Handwritten notes]  
1100 [Handwritten notes]  
1700 [Handwritten notes]

3/13-8/23/03 Suddig/cg  
Haldol 10mg po  
q 4 hrs x 90 days

9/2/03 12/02/03 Hammer  
Cogentin 1mgm po  
bid x 90 days

1100  
1700

9/2/03 12/2/03 Hammer  
Prozac 20mg po  
q 4 AM x 90 days

9/2/03 12/2/03 Hammer  
D/C Elavil

9/2/03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

08/01/03

08/01/03

NKA

Private No

226420-AL0

Complete Entries Checked

By:

Taylor/Tyson

Title:

LPN

Date:

7/31/03

HAMPTON, RANDALL

226420

ROOM NO

BED

FACILITY CODE



12

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Benzodiazepine 50mg TID x 10 9-2-03	1100 R <del>X</del>																																	

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																	
DATE: 9-2-03			THROUGH 9-30-03																														
Physician															Telephone Number										Inmate No.								
Nurse															Alt. Telephone										926440								
Rehabilitative Potential																																	
Inmate Number			Medicare Number			Complete Entries Checked			By: Mary A. Cheney															Title: Lpn			Date: 9-2-03						
NT Hampton, Landall			PATIENT CODE			ROOM NO.			BED			FACILITY CODE																					
			236420									B001																					



I of II

# MEDICATION ADMINISTRATION RECORD

NaphCare

## MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1998 CARBAMAZEPINE 200 MG TAB (TEGRETOL)

Start: 05/02/03 Stop: 10/28/03

TAKE TWO TABLET(S) TWICE DAILY  
BY MOUTH FOR 180 DAYS

0400 *Str*

1700 *Str*

PB 60g Po BID  
X 1 yr (Phenobarbital)

7-31-03 - 7-31-04

0400 *Str*

1700 *Str*

HALDOL 10mg IM NOW X 1 DOSE

1530 *Str* X

Benadryl 50mg IM NOW  
X 1 DOSE

1530 *Str* X

Haldol 10mg p.o. q HS  
X 90 days

1700 *Str*

9-1-03 12-1-03

Cogentin 1mg p.o. BID  
X 90 days

1100 *Str*

9-1-03 STOP: 12-1-03

1700 *Str*

PROZAC 20mg p.o. q am

1100 *Str*

9-1-03 12-1-03

~~Haldol 10mg po~~

1100 *Str*

~~Haldol 10mg IM  
X 1~~

1100 *Str*

9/2/03

## MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 09/01/03

THROUGH 09/01/03

Physician	Telephone No.	Minute No.
Alt. Physician	Cell Telephone	226420-AL0
Allergies <b>NKA</b>	Rehabilitative Potential	
Diagnosis		

PATIENT <b>HAMPTON, RANDALL</b>	By: <i>OND/LPN 8-29-03 K. G. L.</i>	Title: <i>LPN</i>	Date: <i>8-30-03</i>
Medication Number	Complete Entries Checked	PATIENT CODE <b>226420</b>	ROOM NO. EED FACILITY CODE





R/O

0100 WUPUWUGSISIN 090002NURKRPZSKA 0209020  
1700 KUKR 020902NURKRPZSKA 0209020

0400 W W W W P F Z N V G C S V A L K Z Z Z Z Z Z Z Z  
1700 K L K Z Z Z Z Z Z Z Z Z Z Z Z Z Z

D/c 5/7/03

D/C Deparene 7/7/03

~~Haldol 5mg q HS x 90 days~~

1700

14 APR 1968

De'd 7/16/03

7/7/03 - 10/7/03

Advised 800% tied + 5d

0400

Dr. Siddig, MD

122

7-22-03 → 7-27-03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

079100

226420-ALC

Complete Entries Checked

By: *H. Taylor*

Title: OP

Date: 6-30-05

2004000

HAMPTON, RANDALL



# EDICATION ADMINISTRATION RECORD



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
3759 CARBAMAZEPINE 200 MG TAB (TEGRETOL) Start: 01/11/03 Stop: 07/09/03 TAKE ONE AND ONE-HALF (1 1/2) TABLET(S) (300 MG) TWICE DAILY FOR 180 DAYS																																	
133760 PHENOBARBITAL 64.8MG TB 64.8 MG TAB Start: 01/11/03 Stop: 07/09/03 TAKE 1 TABLET(S) TWICE DAILY BY MOUTH FOR 180 DAYS																																	
171890 VALPROIC ACID 250 MG CAP Start: 03/25/03 Stop: 06/22/03 TAKE TWO CAPSULE(S) TWICE DAILY BY MOUTH FOR 90 DAYS																																	
191988 CARBAMAZEPINE 200 MG TAB (TEGRETOL) Start: 05/02/03 Stop: 10/28/03 TAKE TWO TABLET(S) TWICE DAILY BY MOUTH FOR 180 DAYS																																	
198002 AMITRIPTYLINE 100 MG TAB Start: 05/14/03 Stop: 08/11/03 TAKE ONE TABLET(S) AT BEDTIME BY MOUTH FOR 90 DAYS																																	
Keplex 500mg po tid x 100 Dr. Siddiqui 6-10-03 → 6-20-03																																	
Halobal 10 mg IM now et Cegentin 2mg IM now 6/12/03																																	

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																
<p>DATE: 06/01/03 THROUGH 06/01/03</p> <p>Physician: NKA Telephone No: Inmate No: 226420-AL0</p> <p>Alt Telephone: Rehabilitation Facility:</p> <p>By: [Signature] Title: [Signature] Date: 5/30/03</p> <p>PATIENT CODE: 226420 ROOM NO: BED: FACILITY CODE:</p>																																

HAMPTON, RANDALL



[illegible]

OPERATING FOR <b>05/01/03</b> THROUGH <b>05/01/03</b>		REFERENCE TO: NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Physician	Telephone No.	Inmate No.	
Alt. Physician	Alt. Telephone	<b>226420-ALC</b>	
Charges <b>NKA</b>	Rehabilitative Potential		

11 OF 11 HAM RANDALL		Machine Number: 1 Complete Entries Checked: 27/Jan By: [Signature] Title: CN Date: 4-30-03		PATIENT CODE 226420		ROOM NO 1		BED 1		FACILITY CODE 1	
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## MEDICATION

# ADMINISTRATION RECORD



seg

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	V	19	20	21	22	23	24	25	26	27	28	29	30	31
33756 AMITRIPTYLINE 25 MG TAB Start: 01/11/03 Stop: 04/10/03 TAKE ONE TABLET(S) AT BEDTIME BY MOUTH (CRUSHED) FOR 90 DAYS	1700	<i>[Handwritten scribbles]</i>																														
133759 CARBAMAZEPINE 200 MG TAB (TEGRETOL) Start: 01/11/03 Stop: 07/09/03 1 AND ONE-HALF(1/2) TABLET(S) (300 MG) TWICE DAILY FOR 180 DAYS	0400	<i>[Handwritten scribbles]</i>																														
	1700	<i>[Handwritten scribbles]</i>																														
133760 PHENOBARBITAL 64.8MG TB 64.8 MG TAB Start: 01/11/03 Stop: 07/09/03 TAKE 1 TABLET(S) TWICE DAILY BY MOUTH FOR 180 DAYS	0400	<i>[Handwritten scribbles]</i>																														
	1700	<i>[Handwritten scribbles]</i>																														
Depakene 500 PO BID X 90 day 3/24/03 - 6/24/03	1100	<i>[Handwritten scribbles]</i>																														
	1700	<i>[Handwritten scribbles]</i>																														
Halal 10mg IM	0810	<i>X<sup>o</sup>BX</i>																														
4/8/03 Ativan 2mg IM	0810	<i>X<sup>o</sup>BX</i>																														
4/8/03 Clavil 100mg qhs X 90 days 4/17/03 7/14/03	1900	<i>[Horizontal line across row]</i>																														

MEDICATIONS		HOUR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																		
PATIENT FOR 04/01/03		THROUGH 04/01/03																																
Name		Telephone No.																				Inmate No.												
M. Frazier		Alt. Telephone																				226420-ALC												
Prison NKA		Rehabilitation Potential																																
<div> <div>Complete Entries Checked</div> <div>By: <i>[Signature]</i></div> <div>Date: 3/30/03</div> </div>																																		
HAMPTON, RANDALL		PATIENT CODE 226420										ROOM NO.					BED		FACILITY CODE BCCF															







# **MEDICATION ADMINISTRATION RECORD**

**NaphCare**

11/

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
clavil 25mg + 900mg 900mg (cunh) x 900mg 1/9 - 4/9/03	6P 1700																																
Regenol 300mg BID x 180 day 1/9 - 7/9/03	4A 6P 1700																																
ib. 60mg + BID x 180 day 1/9 - 7/9/03	4A 6P 1700																																
Motrin 800mg BID x 10 day 1/24 - 2/3/03	6A 6P																																
Colace 100mg PO BID x 7D 2/6/03 - 2/13/03	4A 6P																																
MOM 300C PO BID x 7D 2/6/03 - 2/13/03	4A 6P																																
Atelrol 10 mg IN Stat 2/26/03 Sanders	1130																																
Heiron 2mg IN Stat 2/26/03 Sanders	1130																																

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
HARTING FOR 2/1/03	THROUGH 2/28/03
Physician: Bonner	Telephone Number
Physician: B. Helms CMC/Hammer	Alt. Telephone
UKA	Inmate No. 226420-06
Rehabilitative Potential	
Medical Number	Medicare Number
Complete Entries Checked	
By: Ann Remy	Title: LPN
DATE: Hampton, Randall	Date: 2/1/03
PATIENT CODE 226420	ROOM NO
BED	FACILITY CODE





Order Status: Partial

## Laboratory Corporation of America

ACCESSION # 347-205-5200-0		ACCOUNT # 01389085	
PATIENT NAME HAMPTON,RANDALL			
PATIENT ID # 226420	D.O.B. 10/15/1983	AGE 22 / 1	GENDER M
PATIENT PHONE # 000-000-0000		CHART #	
REFERRING PHYSICIAN SIDDIQ T			
LAB ORDER # CD- 41167603346		DRAWN 12/13/2005 12:43	
RECEIVED 12/13/2005		REPORTED 12/14/2005 7:58	

Bullock Correctional Facility Prison Health Services 104 Bullock Dr. Union Springs, AL 36089-5107
FASTING: N

TESTS ORDERED: Carbamazepine(Tegretol), Serum, Phenobarbital; Serum, No Test Indicated, Serum Gel

Result Name	Normal	Abnormal	Reference Range	Lab
Carbamazepine(Tegretol), Serum	6.1		4.0 - 12.0 ug/mL	MB
In conjunction with other antiepileptic drugs				
			Therapeutic 4.0 - 8.0	
			Toxicity 9.0 - 12.0	
Carbamazepine alone				
			Therapeutic 8.0 - 12.0	
Phenobarbital, Serum	17		Detection Limit = 0.5 15 - 40 ug/mL	MB
No Test Indicated, Serum Gel	*** WILL FOLLOW ***			

LAB: MB LabCorp Birmingham

DIRECTOR: John Elgin N MD

1801 First Avenue South, Birmingham, AL 35233-0000

12/14/05





# Laboratory Corporation of America

Order Sta. Final

<b>Bullock Correctional Facility</b> <b>Prison Health Services</b> <b>104 Bullock Dr.</b> <b>Union Springs, AL 36089-5107</b>	
<b>FASTING: N</b>	

<b>ACCESSION #</b> <b>249-205-5240-0</b>		<b>ACCOUNT #</b> <b>01389085</b>	
<b>PATIENT NAME</b> <b>HAMPTON,RANDALL</b>			
<b>PATIENT ID #</b> <b>226420</b>	<b>D.O.B.</b> <b>10/15/1983</b>	<b>AGE</b> <b>21 / 10</b>	<b>GENDER</b> <b>M</b>
<b>PATIENT PHONE #</b> <b>000-000-0000</b>		<b>CHART #</b>	
<b>REFERRING PHYSICIAN</b> <b>SIDDIQ T</b>			
<b>LAB ORDER #</b> <b>CD- 41167602637</b>		<b>DRAWN</b> <b>9/06/2005 11:22</b>	
<b>RECEIVED</b> <b>9/06/2005</b>		<b>REPORTED</b> <b>9/07/2005 7:47</b>	

**TESTS ORDERED: Carbamazepine(Tegretol), Serum, Phenobarbital, Serum**

Result Name	Normal	Abnormal	Reference Range	Lab
Carbamazepine(Tegretol), Serum	4.4		4.0 - 12.0 ug/mL	MB
In conjunction with other antiepileptic drugs				
Therapeutic 4.0 - 8.0				
Toxicity 9.0 - 12.0				
Carbamazepine alone				
Therapeutic 8.0 - 12.0				
Phenobarbital, Serum	17		Detection Limit = 0.5 15 - 40 ug/mL	MB
Detection Limit = 2				

LAB: MB LabCorp Birmingham  
 1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

END OF REPORT





# Laboratory Corporation of America

Order Status: Final

Bullock Correctional Facility	
Prison Health Services	
104 Bullock Dr.	
Union Springs,	AL 36089-5107
FASTING: N	

ACCESSION # 249-205-5240-0		ACCOUNT # 01389085	
PATIENT NAME HAMPTON,RANDALL			
PATIENT ID # 226420	DOB 10/15/1983	AGE 21 / 10	GENDER M
PATIENT PHONE # 000-000-0000		CHART #	
REFERRING PHYSICIAN SIDDIQ T			
LAB ORDER # CD- 41167602637		DRAWN 9/06/2005 11:22	
RECEIVED 9/06/2005		REPORTED 9/07/2005 7:47	

TESTS ORDERED: Carbamazepine(Tegretol), Serum, Phenobarbital, Serum

Result Name	Normal	Abnormal	Reference Range	Lab
Carbamazepine(Tegretol), Serum		4.4	4.0 - 12.0 ug/mL	MB
In conjunction with other antiepileptic drugs				
			Therapeutic 4.0 - 8.0	
			Toxicity 9.0 - 12.0	
Carbamazepine alone				
			Therapeutic 8.0 - 12.0	
Phenobarbital, Serum		17	Detection Limit = 0.5 15 - 40 ug/mL	MB
			Detection Limit = 2	

LAB: MB LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD





LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000



Phone: 205-581-3500

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
122-205-5201-0	S	MB	COMPLETE	1

# ADDITIONAL INFORMATION

FASTING: N  
DOB: 10/15/1983

PATIENT NAME	SEX	AGE(YR./MOS.)
HAMPTON,RANDALL	M	21 / 6

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/02/2005	14:53	5/02/2005	5/03/2005	11:26	1188

# CLINICAL INFORMATION

CD- 41167602042

PHYSICIAN ID.	PATIENT ID.
SIDDIQ T	226420
ACCOUNT: Bullock Correctional Facility Prison Health Services 104 Bullock Dr. Union Springs AL 36089-5107	
ACCOUNT NUMBER: 01389085	

TEST	RESULT	LIMITS	LAB
Carbamazepine (Tegretol), Serum	7.0 ug/mL	4.0 - 12.0	MB
	In conjunction with other antiepileptic drugs		
	Therapeutic	4.0 - 8.0	
	Toxicity	9.0 - 12.0	
	Carbamazepine alone		
	Therapeutic	8.0 - 12.0	
Phenobarbital, Serum	20 ug/mL	Detection Limit = 0.5 15 - 40	MB
		Detection Limit = 2	

LAB: MB LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

Pat Name: HAMPTON,RANDALL	Pat ID: 226420	Spec #: 122-205-5201-0	Seq #: 1188
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Results are Flagged in Accordance with Age Dependent Reference Ranges  
Last Page of Report



LabCorp®

10/21/04 17:41 ET

294-3000113-01

Type 5

Primary

IS

PG

(02)

1

TIME 1845

## Additional Information

DOB:

10/15/83

CD- 53224764374 FASTING N

Patient Name HAMPTON, RANDALL

Sex M

Age 21 Y/M/D

Patient Address

Date Collected 10/19/04

Date Entered 10/20/04

Date Reported 10/20/04

1726

## Clinical Information

Physician ID

SANDERS

Patient ID

226420

Bullock Correctional Facility 01389085

Prison Health Services 01

104 Bullock Dr. 01

Union Springs, AL 36089-5107

334-738-5625

ALY

## TESTS

## RESULT

## FLAG

## UNITS

## REFERENCE INTERVAL

## LAB

TSH

1.017

uIU/mL

0.350 - 5.500

ME

Thyroxine (T4)

4.2

L ug/dL

4.5 - 12.0

ME

T3 Uptake

36

%

24 - 39

ME

Free Thyroxine Index

1.5

1.2 - 4.9

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly, MD

1801 First Avenue South Birmingham, AL 35233-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 800-659-3324 LAB: 205-581-3500  
LAST PAGE OF REPORT



HAMPTON, RANDALL

PATID: 226420

SPEC DATE: 10/20/2004

REPORT

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201 205-5278-0 S MB FINAL PG 1

03 1

07/21/04 07:42 ET

Additional Information

DOB:  
10/15/83

CD- 53250446673

Patient Name HOMPTON, RONDALL Sex M Age (Yr/Mos) 020/09

Patient Address

Date Collected 07/19/04 Date Entered 07/19/04 Date Reported 07/21/04 1013

Clinical Information

Physician ID

Patient ID

Account

Bullock Correctional Facility 01389085  
Prison Health Services 01  
104 Bullock Dr. 01  
Union Springs, AL 36089-5107  
334-738-5625 ALY

## TESTS

## RESULT

## FLAG

## UNITS

## REFERENCE INTERVAL

## LAB

## CBC with Differential/Platelet

White Blood Cell (WBC) Count	4.5		x10E3/uL	4.0 - 10.5	ME
Red Blood Cell (RBC) Count	4.11		x10E6/uL	4.10 - 5.60	ME
Hemoglobin	13.8		g/dL	12.5 - 17.0	ME
Hematocrit	39.9		%	36.0 - 50.0	ME
MCV	97		fL	80 - 98	ME
MCH	33.6		pg	27.0 - 34.0	ME
MCHC	34.6		g/dL	32.0 - 36.0	ME
RDW	12.9		%	11.7 - 15.0	ME
Platelets	198		x10E3/uL	140 - 415	ME
Polys	56		%	40 - 74	ME
Lymphs	37		%	14 - 46	ME
Monocytes	6		%	4 - 13	ME
Eos	1		%	0 - 7	ME
Basos	0		%	0 - 3	ME
Polys (Absolute)	2.5		x10E3/uL	1.8 - 7.8	ME
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5	ME
Monocytes (Absolute)	0.3		x10E3/uL	0.1 - 1.0	ME
Eos (Absolute)	0.0		x10E3/uL	0.0 - 0.4	ME
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	ME

## Hepatitis Panel (4)

Hep A Ab, IgM

Negative

Negative

ME

## Interpretation:

No current or recent Hepatitis A infection indicated.

Hep B Surface Ag

Negative

Negative

ME

Hep B Core Ab, IgM

Negative

Negative

ME

Hep C Virus Ab

Negative

Negative

ME

## Please note:

This test is a 2nd generation assay for the detection of multiple forms of anti-HCV in human serum or plasma. A test result that is negative does not exclude the possibility of exposure to or infection with HCV. Negative results in this assay in individuals with prior exposure to HCV may be due to antibody levels below the limit of detection of this assay or lack of antibody reactivity to the HCV antigens used in this assay.

Carbamazepine (Tegretol), Serum 6.3

ug/mL

4.0 - 12.0

ME

In conjunction with other antiepileptic drugs

Therapeutic 4.0 - 8.0

Toxicity 9.0 - 12.0

Carbamazepine alone

Therapeutic 8.0 - 12.0

HOMPTON, RONDALL

PATID:

REPORT SPEC DATE: 07/19/2004

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Specimen #	Type	Primary Lab	Port Status
01-205-5278-0	S	MB	PRELIM PG
Additional Information			
DOB:		10/15/83	
CD- 53250446673			
Patient Name		Sex	Age (Yr/Mos)
HOMPTON, RONDALL		M	020/09
Patient Address			
Date Collected	Date Entered	Date Reported	
07/19/04	07/19/04	07/20/04	0998

LabCorp®

Clinical Information	
07/20/04 08:33 ET	
Physician ID	Patient ID
Account	
Bullock Correctional Facility 01389085	
Prison Health Services 01	
104 Bullock Dr. 01	
Union Springs, AL 36089-5107	
334-738-5625 ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
White Blood Cell (WBC) Count	4.5		x10E3/uL	4.0 - 10.5	ME
Red Blood Cell (RBC) Count	4.11		x10E6/uL	4.10 - 5.60	ME
Hemoglobin	13.8		g/dL	12.5 - 17.0	ME
Hematocrit	39.9		%	36.0 - 50.0	ME
MCV	97		fL	80 - 98	ME
MCH	33.6		pg	27.0 - 34.0	ME
MCHC	34.6		g/dL	32.0 - 36.0	ME
RDW	12.9		%	11.7 - 15.0	ME
Platelets	198		x10E3/uL	140 - 415	ME
Polys	56		%	40 - 74	ME
Lymphs	37		%	14 - 46	ME
Monocytes	6		%	4 - 13	ME
Eos	1		%	0 - 7	ME
Basos	0		%	0 - 3	ME
Polys (Absolute)	2.5		x10E3/uL	1.8 - 7.8	ME
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5	ME
Monocytes (Absolute)	0.3		x10E3/uL	0.1 - 1.0	ME
Eos (Absolute)	0.0		x10E3/uL	0.0 - 0.4	ME
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	ME
Hepatitis Panel (4)					ME
Hep A Ab, IgM					ME
Interpretation:					ME
Hep B Surface Ag					ME
Hep B Core Ab, IgM					ME
Hep C Virus Ab					ME
Carbamazepine (Tegretol), Serum					ME
Phenobarbital, Serum					ME
Please note					ME
					ME

The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied.

LAB: MB LabCorp Birmingham

1801 First Avenue South Birmingham, AL 35233-0000

DIRECTOR: Arthur Kelly, MD

OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 800-659-3324 LAB: 205-581-3500  
 LAST PAGE OF REPORT

HOMPTON, RONDALL

PATID:

REPORT

SPEC DATE: 07/19/2004

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Specimen # 201-205-5278-0	Type S	Primary Lab MB	Status FINAL	PG 2
Additional Information				
Patient Name HOMPTON, RONDALL			DOB: 10/15/83	
Patient Address			Sex M	Age (Yr/Mos) 020/09
Date Collected 07/19/04	Date Entered 07/19/04	Date Reported 07/21/04	1013	

Clinical Information	
Physician ID	Patient ID
Account	
Bullock Correctional Facility 01389085	
Prison Health Services 01	
104 Bullock Dr. 01	
Union Springs, AL 36089-5107	
334-738-5625 ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Phenobarbital, Serum	23		ug/mL	Detection Limit = 0.5	
***EFFECTIVE JUNE 8, 2004, gel barrier (SST) tubes will no longer be accepted for TDM testing.***					
				15 - 40	ME
***EFFECTIVE JUNE 8, 2004, gel barrier (SST) tubes will no longer be accepted for TDM testing.***					
				Detection Limit = 2	ME

Please note  
The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied.

LAB: MB LabCorp Birmingham  
1801 First Avenue South Birmingham, AL 35233-0000

DIRECTOR: Arthur Kelly, MD

OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 800-659-3324 LAB: 205-581-3500

LAST PAGE OF REPORT

*[Handwritten Signature]*

7/21/04



**LabCorp®**

Specimen #	Type	Primary Lab	Status
201-205-5278-0	S	MB	RELIM PG 1
Additional Information			
DOB: 10/15/83			
CD- 53250446673			
Patient Name		Sex	Age (Yr/Mos)
HOMPTON, RONDALL		M	020/09
Patient Address			
Date Collected	Date Entered	Date Reported	
07/19/04	07/19/04	07/20/04	1008

Clinical Information		07/20/04 16:36 ET
Physician ID	Patient ID	
Account		
Bullock Correctional Facility 01389005		
Prison Health Services 01		
104 Bullock Dr. 01		
Union Springs, AL 36089-5107		
334-738-5625 ALY		

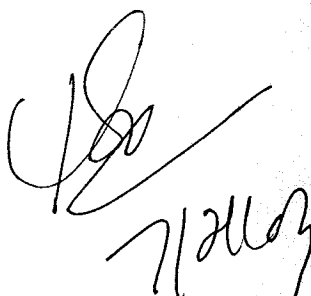
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis Panel (4)					
Hep B Surface Ag	Negative			Negative	ME

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly, MD

1801 First Avenue South Birmingham, AL 35233-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 800-659-3324 LAB: 205-581-3500  
 LAST PAGE OF REPORT



HOMPTON, RONDALL

PATID:

REPORT

SPEC DATE: 07/19/2004

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Specimen # 064-684-0270-0	Type B	Primary Lab YX	Ref Status NAL	PG P6	1
Additional Information DOB: 10/05/83 LO- 53123482845					
Patient Name HAMPTON, RANDAL		Sex M	Age (Yr/Mos) 020/04		
Patient Address					
Date Collected 03/04/04	Date Entered 03/04/04	Date Reported 03/05/04	0180		

Clinical Information 03/05/04 07:42 ET	
Physician ID S10010	Patient ID 226420
Account BULLOCK CORRECTIONAL FACILITY 01389085 PRISON HEALTH SERVICES 01 104 BULLOCK DR. 01 UNION SPRINGS, AL 36089-5107 334-738-5625 ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
WBC With Differential/Platelet					
White Blood Cell (WBC) Count	4.7		X 10 <sup>3</sup> /uL	4.0 - 10.5	YX
Red Blood Cell (RBC) Count	4.14		X 10 <sup>6</sup> /uL	4.10 - 5.60	YX
Hemoglobin	13.6		g/dL	12.5 - 17.0	YX
Hematocrit	40.0		%	36.0 - 50.0	YX
MCV	97		fL	80 - 98	YX
MCH	33.0		pg	27.0 - 34.0	YX
MCHC	34.1		g/dL	32.0 - 36.0	YX
RDW	14.0		%	11.7 - 15.0	YX
Platelets	240		X 10 <sup>3</sup> /uL	140 - 415	YX
Polys	53		%	40 - 74	YX
Lymphs	39		%	14 - 46	YX
Monocytes			%	4 - 13	YX
Eos	2	L	%	0 - 7	YX
Basos	3		%	0 - 3	YX
Polys (Absolute)	2.5		X 10 <sup>3</sup> /uL	1.8 - 7.8	YX
Lymphs (Absolute)	1.8		X 10 <sup>3</sup> /uL	0.7 - 4.5	YX
Monocytes (Absolute)	0.1		X 10 <sup>3</sup> /uL	0.1 - 1.0	YX
Eos (Absolute Value)	0.1		X 10 <sup>3</sup> /uL	0.0 - 0.4	YX
Baso (Absolute)	0.1		X 10 <sup>3</sup> /uL	0.0 - 0.2	YX
Phenobarbital, Serum	23		ug/mL	15 - 40	YX
				Detection Limit = 2	
Carbamazepine (Tegretol), Serum	6.0		ug/mL	4.0 - 12.0	YX
(Patients receiving car-					
bamazepine in conjunction					
with other antiepileptic					
drugs may exhibit a therapeutic					
response between 4-8 mcg/mL and					
toxicity between 9-12 mcg/mL. Pat-					
ients receiving carbamazepine alone					
may respond best to serum concen-					
trations between 8-12 mcg/mL.)					

LAB: YX LabCorp Montgomery Hull

DIRECTOR: Robert Adams, MD

543 Hull St Montgomery, AL 36104-0000

OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 800-659-3324 LAB: 334-263-5745  
 LAST PAGE OF REPORT

HAMPTON, RANDAL

PATID: 226420

 REPORT DATE: 03/04/2004  
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7186938 AREA/ROUTE/STOP: QMGY011  
 KILBY CORRECTIONAL FACILITY  
 12201 WRES FERRY RD  
 MOUNT MEIGS, AL 36057



Quest  
 Diagnostics

326420

PATIENT NAME HAMPTON, RANDALL		PATIENT ID		ROOM NO.	AGE 19	SEX M	PHYSICIAN ROBBINSON	
PAGE 1	REQUISITION NO. 3254376	ACCESSION NO. AT435033Q	LAB REF. # MH	COLLECTION DATE & TIME 09052003		LOG-IN-DATE 09052003		REPORT DATE 09062003
REMARKS								& TIME 7:56AM

EASTERN  
 TIME

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE		
Date of Birth: 10/15/1983					
A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC 950 22ND ST N STE 825 BIRMINGHAM, AL 35203-5300					
CARBAMAZEPINE, TOTAL		<2.0 L	MG/L	4.0-12.0	AT
PHENOBARBITAL	23.1		MG/L	15.0-40.0	AT
>> END OF REPORT - HAMPTON, RANDALL AT435033Q <<					

QDN

Q

7186919 AREA/ROUTE/STOP: QCS6012  
BULLOCK CORRECTIONAL FACILITY  
HWY 82 EAST  
UNION SPRINGS, AL 36089-5107



Quest  
Diagnostics

PATIENT NAME HAMPTON, RANDELL		PATIENT ID 226420		ROOM NO.	AGE 19	SEX M	PHYSICIAN LYRENE, GEORGE A	
PAGE 1	REQUISITION NO. 1918313	ACCESSION NO. AT0260740	LAB REF. #	COLLECTION DATE & TIME 08182003 9:35 AM		LOG-IN DATE 08202003	REPORT DATE 08202003	& TIME 11:31AM
REMARKS								

EASTERN  
TIME

REPORT STATUS	FINAL	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE		

Date of Birth: 10/15/1983

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950 22ND ST N STE 825  
BIRMINGHAM, AL 35203-5300

COMPREHENSIVE METABOLIC

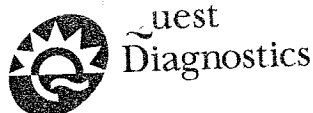
PANEL			
GLUCOSE	79	MG/DL	65-109
			FASTING REFERENCE INTERVAL
UREA NITROGEN (BUN)	13	MG/DL	7-25
CREATININE	1.0	MG/DL	0.5-1.4
BUN/CREATININE RATIO	13	(CALC)	6-25
SODIUM	140	MMOL/L	135-146
POTASSIUM	4.2	MMOL/L	3.5-5.3
CHLORIDE	107	MMOL/L	98-110
CARBON DIOXIDE		MMOL/L	21-33
CALCIUM	9.6	MG/DL	8.5-10.4
PROTEIN, TOTAL	7.1	G/DL	6.0-8.3
ALBUMIN	4.2	G/DL	3.7-5.1
GLOBULIN	2.9	G/DL (CALC)	2.2-4.2
ALBUMIN/GLOBULIN RATIO	1.4	(CALC)	0.8-2.0
BILIRUBIN, TOTAL	0.3	MG/DL	0.2-1.5
ALKALINE PHOSPHATASE	130	U/L	30-225
AST	16	U/L	2-50
ALT	11	U/L	2-60
CARBAMAZEPINE, TOTAL	8.1	MG/L	4.0-12.0
PHENOBARBITAL	21.0	MG/L	15.0-40.0

*Low*  
*8/20/03*

>> END OF REPORT - HAMPTON, RANDELL AT0260740 <<



7186919 AREA/ROUTE/8 0059012  
 BULLOCK CORRECTIONAL FACILITY  
 HWY 82 EAST  
 UNION SPRINGS, AL 36089-5107



PATIENT NAME HAMPTON, RANDALL		PATIENT ID 226420		ROOM NO.	AGE NG	SEX	PHYSICIAN SANDERS
PAGE 1	REQUISITION NO 9415742	ACCESSION NO AT5412341	LAB REF #	COLLECTION DATE & TIME	LOG-IN-DATE 03252003	REPORT DATE 03252003	& TIME 2:14PM
REMARKS							

EASTERN  
TIME

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL		IN RANGE OUT OF RANGE			

Date of Birth: NG  
 A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC  
 950 22ND ST N STE 825  
 BIRMINGHAM, AL 35203-5300

#### HEPATIC FUNCTION PANEL

PROTEIN, TOTAL	7.1	G/DL	6.0-8.3
ALBUMIN	4.5	G/DL	3.2-5.1
GLOBULIN	2.6	G/DL (CALC)	2.2-4.2
ALBUMIN/GLOBULIN RATIO	1.7	(CALC)	0.8-2.0
BILIRUBIN, TOTAL	0.3	MG/DL	0.2-1.5
BILIRUBIN, DIRECT	0.0	MG/DL	0.0-0.3
BILIRUBIN, INDIRECT	0.3	MG/DL (CALC)	0.0-1.5
ALKALINE PHOSPHATASE	123	U/L	20-125
AST	33	U/L	2-50
ALT	23	U/L	2-60

#### CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT	4.47	THOUS/MCL	3.8-10.8
RED BLOOD CELL COUNT	14.6	MILL/MCL	4.20-5.10
HEMOGLOBIN	42.9	G/DL	13.2-15.5
HEMATOCRIT	95.9	%	38.5-45.0
MCV	32.6	FL	80.0-100.0
MCH	34.0	PG	27.0-33.0
MCHC	12.5	G/DL	32.0-36.0
RDW	199	%	11.0-15.0
PLATELET COUNT	1376	THOUS/MCL	140-400
ABSOLUTE NEUTROPHILS	68	CELLS/MCL	1500-7800
ABSOLUTE LYMPHOCYTES	12	CELLS/MCL	850-3900
ABSOLUTE MONOCYTES	46.6	CELLS/MCL	200-950
ABSOLUTE EOSINOPHILS	44.4	CELLS/MCL	15-500
ABSOLUTE BASOPHILS	6.4	CELLS/MCL	0-200
NEUTROPHILS	2.2	%	
LYMPHOCYTES	0.4	%	
MONOCYTES		%	
EOSINOPHILS		%	
BASOPHILS		%	

>> END OF REPORT - HAMPTON, RANDALL AT5412341 <<

LABORATORY REPORT  
 7145915 PAPER ROUTE 7, BOX 1000018  
 WILLOCK CORRECTIONAL FACILITY  
 HWY 62 EAST  
 UNION SPRINGS, AL 36089-5107



Quest  
 Diagnostics

PATIENT NAME HAMPTON, RANDALL		PATIENT ID 226420		ROOM NO.	AGE NG	SEX	PHYSICIAN BANDERS
PAGE 1	REQUISITION NO. 9415742	ACCESSION NO. AT5412341	LAB REF. #	COLLECTION DATE & TIME		LOG-IN DATE 03052006	REPORT DATE 03052006 & TIME 2:14PM

REMARKS

QUEST  
 DIAGNOSTICS

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			

Date of Birth: NG

A COPY OF THIS REPORT HAS BEEN SENT TO: NARHCARE INC.

950 22ND ST N STE 325

BIRMINGHAM, AL 35203-5300

## HEPATIC FUNCTION PANEL

PROTEIN, TOTAL	7.1	G/DL	6.0-8.2
ALBUMIN	4.5	G/DL	3.8-5.1
GLOBULIN	2.6	G/DL (CALC)	2.2-4.2
ALBUMIN/GLOBULIN RATIO	1.7	ALBU	0.8-2.0
BILIRUBIN, TOTAL	0.3	MG/DL	0.2-1.5
BILIRUBIN, DIRECT	0.0	MG/DL	0.0-0.3
BILIRUBIN, INDIRECT	0.3	MG/DL (CALC)	0.0-1.5
ALKALINE PHOSPHATASE	123	U/L	80-125
AST	33	U/L	0-50
ALT	23	U/L	0-50

## CBC (INCLUDES DIFF/DLT)

WHITE BLOOD CELL COUNT	3.1	THOUS/MCL	3.0-10.0
RED BLOOD CELL COUNT	4.47	MTL/MCL	4.20-5.10
HEMOGLOBIN	14.6	G/DL	13.2-15.5
HEMATOCRIT	42.9	%	35.5-45.0
MCV	95.9	fL	90.0-100.0
MCH	32.6	Pg	27.0-33.0
MCHC	34.0	G/Pg	32.0-36.0
RDW	12.5	%	11.0-15.0
PLATELET COUNT	199	THOUS/MCL	140-400
ABSOLUTE NEUTROPHILS	1445	CELLS/MCL	1500-7000
ABSOLUTE LYMPHOCYTES	1376	CELLS/MCL	350-2000
ABSOLUTE MONOCYTES	198	CELLS/MCL	500-950
ABSOLUTE EOSINOPHILS	68	CELLS/MCL	10-500
ABSOLUTE BASOPHILS	12	CELLS/MCL	0-200
NEUTROPHILS	46.6	%	
LYMPHOCYTES	44.4	%	
MONOCYTES	6.4	%	
EOSINOPHILS	2.2	%	
BASOPHILS	0.4	%	

A COPY OF REPORT SENT TO: HAMPTON, RANDALL AT5412341



(MON) AUG 16 2004

25/ST. 15:15/NO. 6312281782 P 4

HXX

**HEALTH CARE CORRECTIONS  
RADIOLOGY SERVICES REQUEST AND REPORT  
INSTITUTION Bullock**

Name: Hampton, Kanday  
State ID No: 226420  
DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
----------------------------	-----------------	-----------------	---------	----------	---------------------------------

**HISTORY/DIAGNOSIS:**

X-RAY REQUEST					
<b>ACROMIO-CLAVICULAR JOINTS (AP/PA VIEW)</b>	<b>PELVIS</b>	<b>NUCLEAR VIEW</b>	<b>SOFT TISSUE STUDIES:</b>		
<b>ANKLE</b>	<b>FOOT</b>	<b>CRANIUM</b>	<b>STERNUM</b>		
<b>CERVICAL SPINE</b>	<b>HAND</b>	<b>DECATAL (MEL)</b>	<b>TEMPORO-MANDIBULAR JOINTS</b>		
<b>CHEST PA / LATERAL</b>	<b>HIP</b>	<b>CEPHAL</b>	<b>THORACIC SPINE</b>		
<b>COCCYX</b>	<b>MANDIBLE</b>	<b>SACRUM/ALARA</b>	<b>TRIA/VERTELA</b>		
<b>CONE BEAM DENTAL TOMOGRAPHY</b>	<b>SPINE</b>	<b>SKULL</b>	<b>TORS</b>		
<b>ELBOW</b>	<b>LUMBAL SPINE</b>	<b>SACRO-ILLIAC JOINTS</b>	<b>WREST</b>		
<b>FACIAL BONES</b>	<b>MANDIBLE</b>	<b>SCAPULA</b>	<b>ZYGOCLAV</b>		
<b>FEMUR</b>	<b>MANDIBLE</b>	<b>SHOULDER</b>	<b>ZYGOCLAVIC ARCH</b>		
	<b>MANDIBLE</b>	<b>SHOULDER</b>			
	<b>MANDIBLE</b>	<b>SHOULDER</b>			

**REPORT**

Hampton

LEFT ELBOW: The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

D: & T: 08-16-04 Thomas J. Payne, III, M.D./jhi Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

*[Signature]*  
8/19/04

*Hampton, Randall*

## Radiology Services Report

NAME: HAMPTON, RANDALL  
FACILITY: BCCF  
D.O.B.: 10/15/83  
ID NUMBER: 226420

SKULL TWO VIEWS 05/6/04

FINDINGS: The skull is normal. No fracture, bone lesion, or unusual calcification. The sella turcica is normal. There is no evidence of any previous craniotomy or metal plate.

IMPRESSION: Netative skull series.

Scott Loveless, M.D.

SL

*(Signature)*  
GL



Please Print

3/30/04

CORRECTIONAL FACILITY: Bullock Co. Corr. Facility

DATE: 3-24-04

Patient Information  
 INMATE NAME: Houghton Randall  
 Last First

Inmate Type

Please Circle Type:

DOB: 10-15-83 SEX: ☒ M ☐ F

City Federal

SS# ALIEN # 226420

County INS / Alien

State ☒ US Marshall

Exam

Please Mark Each Exam Requested

Diagnosis/Symptom

Please Mark ALL That Apply

74000	Abdomen, 1 View		
73600	Ankle, 2 Views (AP & LAT)	L	R
73610	Ankle, Comp Min 3 Views	L	R
71010	Chest, 1 View (AP)		
71111	Chest w/Ribs, 4 Views		
73000	Clavicle, Complete	L	R
73070	Elbow, 2 Views	L	R
73080	Elbow, Comp 3 Views	L	R
73550	Femur, 2 Views	L	R
73620	Foot, 2 Views	L	R
73630	Foot, Comp Min 3 Views	L	R
73090	Forearm, 2 Views	L	R
73120	Hand, 2 Views	L	R
73130	Hand, Min 3 Views	L	R
73520	Hip, Min 2 Views w/Pelvis	L	R
73510	Hip, Comp Min 2 Views	L	R
73060	Humorous, Min 2 Views	L	R
73560	Knee, 2 Views	L	R
73562	Knee, 3 Views (inc OBLQ)	L	R
70160	Nasal Bones, Comp Min 3 Views		
72170	Pelvis, 1 View		
71100	Ribs, 2 Views	L	R
72220	Sacrum/Coccyx, Min 2 Views		
73030	Shoulder, Min 2 Views	L	R
70210	Sinuses, Less Than 3 Views		
70250	Skull, Less Than 4 Views		
72040	Spine, Cervical 2 Views		
72100	Spine, Lumbosacral 2 Views		
72070	Spine, Thoracic 2 Views		
73590	Tibia/Fibula 2 Views	L	R
73100	Wrist, 2 Views	L	R
73110	Wrist, Min 3 Views	L	R
	Other:	L	R
	Other:	L	R
	Other:	L	R
	Other:	L	R
	Other:	L	R

787.3	Abdomen Distention (Flatulence)
787.5	Abnormal Bowel Sounds
413.0	Angina
429.2	ASCVD, Arteriosclerotic Cardiovascular Disease
427.31	Atrial Fibrillation
427.89	Bradycardia
	Bruise of
466.0	Bronchitis, NOS
429.3	Chest Pain, Unspecified
514	Congestion, Chest
428.0	CHF, Congestive Heart Failure
496	COPD, Chronic Obstructive Pulmonary Disease
786.2	Coughing
436	CVA, Cerebrovascular Accident
	Dislocation of
782.3	Edema (Swelling)
492.0	Emphysema
780.6	Febrile (Feverish)
	Possible Fracture of
401.9	Hypertension
518.3	Infiltrate, Lung
410.92	Myocardial Infarction
787.01	Nausea and Vomiting
560.9	Obstruction, Intestinal
	Pain in
485	Pneumonia, Confirmed
514	Pneumonia, Probable
795.5	Positive Mantoux, PPD
518.4	Pulmonary Edema, NOS
786.7	Rales in Chest
786.09	Shortness of Breath
785.0	Tachycardia
	Trauma in
465.9	URI (Acute)
519.8	URI (Chronic)
	Other:
	Other:

He signed refusal form  
 (AB)  
 3/30/04

For Technician Use Only

X-ray #: Arrival Time: AM PM  
 Tech: Depart Time: AM PM  
 Date: # Views: # PT Seen:

Ordering Physician:

Nurse's Signature:

Radiologist:



## RELEASE OF RESPONSIBILITY

22-64-20

Inmate's Name: Randell Hampton

Date of Birth: 10-15-83 Social Security No.: \_\_\_\_\_

Date: 3/30/04 Time: 11:45 A.M.  
P.M.

This is to certify that I, Randell Hampton, currently in  
(Print Inmate's Name)

custody at the BCCF, am refusing to  
(Print Facility's Name)

accept the following treatment/recommendations: C-Spine xray  
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Randell Hampton D. Berrios, RT 3/30/04  
(Signature of Inmate)\*\* (Signature of Medical Person)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



## X-RAY REQUISITION AND REPORT

NAME OF FACILITY <i>Bulloch</i>	DATE OF REQUEST <i>2/13/03</i>	REQUESTED BY <i>DR. Siddig</i>	PATIENT STATUS
------------------------------------	-----------------------------------	-----------------------------------	----------------

EXAMINATION REQUESTED

*X-ray L-spine*  
*C-spine*

CLINICAL DIAGNOSIS

X-RAY NUMBER	DATE OF X-RAY <i>3.18.03</i>	DATE OF PPD SKIN TEST	
--------------	---------------------------------	-----------------------	--

## REPORT OF FINDINGS

HAMPTON, RANDALL ID 226420

LUMBAR SPINE TWO VIEWS 03/18/03

**NORMAL INCLUDING NO MALALIGNMENT OR FRACTURE OR  
DEGENERATIVE DISEASE.**

CERVICAL SPINE THREE VIEWS 03/18/03

**NO MALALIGNMENT OR FRACTURE, DEGENERATIVE DISEASE, OR SOFT  
TISSUE SWELLING IDENTIFIED.**

**OPINION: NEGATIVE CERVICAL SPINE.**

S. LOVELESS, M.D./rp

*SL*

SIGNATURE

Patients Last Name	First	Middle	Date of Birth	R/S	ID NUMBER
<i>Hampton, Randall</i>			<i>10-15-83</i>	<i>Bm</i>	<i>226420</i>

*[Signature]*  
*3/18/03*

4-32

1-22

LUMBAR SPINE TWO VIEWS 03/18/03

NORMAL INCLUDING NO MALALIGNMENT OR FRACTURE OR  
DEGENERATIVE DISEASE.

CERVICAL SPINE THREE VIEWS 03/18/03

NO MALALIGNMENT OR FRACTURE, DEGENERATIVE DISEASE, OR SOFT  
TISSUE SWELLING IDENTIFIED.

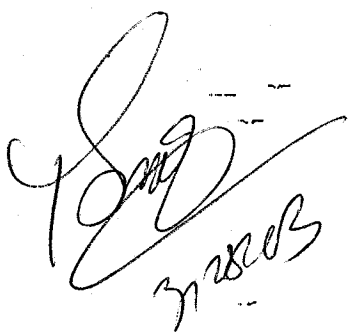
OPINION: NEGATIVE CERVICAL SPINE.

S. LOVELESS, M.D./rp



\_\_\_\_\_  
SIGNATURE

Patients Last Name	First	Middle	Date of Birth	R/S	ID NUMBER
Hampton	Randall		10-15-83	Bm	226420

  
3/18/03

6-6

17-

6-4



~~Waphlare~~

## X-Ray Requisition and Report

Name of Hospital/Infirmary <i>Draper</i>	Date of Request <i>01/09/03</i>	Requested By <i>B. Helms</i>	Patient Status <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
Examination Requested			

*X-Ray (L) Knee*

Medical Diagnosis

Ray Number	Date of X-Ray <i>1-13-03</i>	Date of PPD Skin Test <i>12/20/02 - PHA</i>
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### Report of Findings

HAMPTON, RANDALL ID# 226420

LEFT KNEE 01/13/03

FINDINGS: NORMAL RADIOGRAPHIC APPEARANCE OF THE LEFT KNEE.

RP

W. BEN ABBOTT, M.D.

*WBA*

*1-31-03*

*4*

*WBA*

M.D.

Physician's Signature

Patient's Last Name <i>Hampton</i>	First <i>Randall</i>	Middle	Date of Birth <i>10/15/83</i>	R/S <i>Bm</i>	ID Number <i>226420</i>
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X-Ray Requisition and Report

NC039